

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 1292Registered No. 1292

1. PLACE OF BIRTH

County Gila

State

Township

or Village

City

If birth occurred in a hospital or institution, give its NAME instead of street and number

2. Full name of child

MarvinStor

St. Ward

If child is not yet named, make supplemental report, as directed

3. Sex Male

If plural births

4. Twin, triplet, or other

6. Premature

7. Laid

8. Date

May 11, 1932
(month, day, year)

5. Number in order of birth

Full term

mated

9. Name

FATHER

Marvin Ford10. Residence (usual place of abode)
(If nonresident, give place and State)11. Color of race White12. Age at last birthday 15 (Years)

13. Birthplace (city or place)

(State or country)

Texas

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

Total time (years) spent in this work

27. Number of children of this mother

(At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn

28. If stillborn, period of gestation

months or weeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at Marvin Ford on the date above stated

(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report

(Date of)

Registrar

Address

File

June 2, 19326 E. Main

Registrar

OCCUPATION

OCCUPATION

in order of birth stated.